## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

## (INCLUDING FILING FEE AND/OR PETITION FOR EXTENSION OF TIME FEE)

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000 provides for continued examination of a utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA)

Attorney Docket No.:121.1027

Inventor									
Application No.	09/987.886	Group Art Unit	3622						
Filing Date	November 16, 2001	Examiner	Daniel M. Sorkowitz						
CPA Filing Date		Confirmation No	7581						
Title of Invention	METHOD AND APPARATUS FOR SENDING AN INFORMATION REQUEST OVER A NETWORK								
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.									
_1.									
Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)									

Miscellaneous

b. Enclosed

iv. 
Other

☑ Entotseu
 ☑ Amendment/Reply
 □ Affidavit(s)/Declaration(s)
 □ Information Disclosure Statement (IDS)

To:

First Named

Commissioner for Patents

Kazuki MATSUL et al.

Box RCE PO Box 1450 Alexandria, VA 22313-1450

a. Suspension of action on the above-identified application is requested under 37 C.F.R. §103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_ iii. ☐ Other

b. Other

BASIC FEE							\$ 810.00			
is hereby made which the requ	al Action set an ge for an extension isite fee is encloso); (4 months (\$	n of time to sed (1 mor	cover to	he date (0)); (2 m	this RCE is onths (\$49	filed, for				
Claims As Amended	Claims Remaining After Amendment	Highest N	Number Paid For	Number Extra	Ra	Rate			77.	
Total Claims	32	32	- 32 =	0	X \$ 52.0	0 =		\$	0.00	
Independent Claims	11	11	- 11 =	0	X \$220.	00 =		\$	0.00	
Suspension Fe	ee (\$130.00)				***************************************					
Total of above Calculations =								810	0.00	
Reduction by 50% for										
TOTAL FEES DUE =								810	0.00	
c. 5. Other  6. METHOD	is no longer cla : OF PAYMENT	imed.								
A check in the amount of \$_ is enclosed.  Charge "TOTAL FEES DUE" to Deposit Account No. 19-3935. (A duplicate copy of this form is enclosed.)										
7. GENERAI	L AUTHORIZA	TION								
The Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 C.F.R. 1.16 (filing fees) or 37 C.F.R. 1.17 (processing fees) during the prosecution of this application and of any related application(s) claiming benefit hereof pursuant to 35 U.S.C. §120 to maintain pendency hereof and of any such related application to:  Deposit Account No. 19-3935.										
8. CORRES	PONDENCE A	DDRESS								
STAAS & HALSEY LLP  ##################################										
9. SIGNATURE OF ATTORNEY OR AGENT REQUIRED										
NAME John R. Bednarz REGISTRATION NO										
SIGNATURE	John R.	Rola	~		DATE	2-24	-10			
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